PERMANENT CHANGE OF STATION ORDERS

- The orders should be prepared with enough information to let the traveler know:
  - Destination (s)
  - Transportation
  - Authorized Travelers
- There should be sufficient information for the Administrators and Disbursers to properly compute and report all required entitlements.

COMPLETION OF A PCS TRAVEL CLAIM

TRAVEL VOUCHER OR SUBVOUCHER	Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.
1. PAYMENT [X] Electronic Fund Transfer (EFT) [ ] Payment by Check	SPLIT DISBURSEMENT: The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. [ ] Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: $ _____

- For all travel claims, Block 1. of the 1351-2 will always be marked for EFT.
- There should not be any split disbursements, because the traveler is not allowed to use the Government Travel Charge Card unless TAD enroute was executed

COMPLETION OF A PCS TRAVEL CLAIM

2. NAME (Last, First, Middle Initial) (Print or type)		3. GRADE	4. SSN	5. TYPE OF PAYMENT (X as applicable)	
BUTLER, SMEDLEY, D		E-7	123-45-6789		TDY / Member/Employee
6. ADDRESS. a. NUMBER AND STREET	b. CITY	c. STATE	d. ZIP CODE	X	PCS / Other
UNIT ADDRESS (NOT FPO AP)	OKINAWA	JA	96379		Dependent(s) / DLA
e. E-MAIL ADDRESS MILITARY EMAIL ADDRESS				10. FOR D.O. USE ONLY	
7. DAYTIME TELEPHONE NUMBER & AREA CODE 645-7017	8. TRAVEL ORDER/AUTHORIZATION NUMBER	9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES		a. D.O. VOUCHER NUMBER	
11. ORGANIZATION AND STATION HQSCV BN, SERVICE CO, CAMP KINSER		4,000.00		b. SUBVOUCHER NUMBER	

- Block 2-The travelers name,
- Block 3-The travelers present grade,
- Block 4-The travelers SSN,
- Block 5-Mark PCS,
- Block 6-Military Email Address or Personal if no military address is assigned,
- Block 7-Day time work number,
- Block 9- Previous Travel Advances received, if non was given, type in NONE,
- Block 11-Parent unit and Base

COMPLETION OF A PCS TRAVEL CLAIM

12. DEPENDENT(S) *(X and complete as applicable)*			13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS *(Include Zip Code)*	c. PAID BY
X ACCOMPANIED		UNACCOMPANIED	1234 ILOVETHECORPS AVE QUANTICO VA 22134	
a. NAME *(Last, First, Middle Initial)*	b. RELATIONSHIP	c. DATE OF BIRTH OR MARRIAGE		
MY SPOUSE	WIFE	930601		
MY KID	DAUGHTER	950704		
			14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? *(X one)*	d. COMPUTATIONS
			X YES NO *(Explain in Remarks)*	

- Block 12-Mark whether or not the authorized depns traveled the entire time with the traveler.
- If the depns traveled separately mark unaccompanied
  - Fill out another 1351-2, mark at the top “DEPENDANTS TRAVEL”, and indicate their itinerary in block 15.
  - Then attached the “DEPENDANTS TRAVEL” itinerary to the members claim as a complete package
- Block 13-Input the address the dependants were located upon receipt of the orders
- Block 14-Mark if household goods were shipped or not

COMPLETION OF A PCS TRAVEL CLAIM

15. ITINERARY			c. MEANS/ MODE OF TRAVEL	d. REASON FOR STOP	e. LODGING COST	f. POC MILES
a. DATE 2005		b. PLACE *(Home, Office, Base, Activity, City and State; City and Country, etc.)*				
0601	DEP	MCB QUANTICO VA	PA			
0601	ARR	MANASSAS VA		LV		
0615	DEP		PA			
0615	ARR	DULLES IAP		AT		
0615	DEP		TP			
0615	ARR	LOS ANGELES IAP		AT		
0616	DEP		GP			
0616	ARR	KADENA AB		AT		
0616	DEP		GA			
0616	ARR	MCB CAMP BUTLER, OKINAWA JAPAN		MC		
	DEP					

- For PCS Travel
  - The first entry shall be the last PDS
    - Travel from the residence or office to a carrier terminal
      - » Does not need to be listed in the itinerary;
      - » The mileage or taxi is claimed as a reimbursable expense.

COMPLETION OF A PCS TRAVEL CLAIM

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL *(Use two letters)*

GTR/TKT or CBA *(See Note)*	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance *(POC)*	- P	Vessel	- V

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

- 15C Means/Modes of Travel & 15C Reason for Stops can be found on the second page to the 1351-2

COMPLETION OF A PCS TRAVEL CLAIM

16. POC TRAVEL *(X one)*	X	OWN/OPERATE		PASSENGER	17. DURATION OF TDY TRAVEL

18. REIMBURSABLE EXPENSES

a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED
050601	TLE (SEE WORKSHEET)	150.00	
050615	TAXI	56.00	

	12 HOURS OR LESS
X	MORE THAN 12 HOURS BUT 24 HOURS OR LESS
	MORE THAN 24 HOURS

- Block 16-POC Travel should be marked when ever PA was used as a mode of travel
- Block 17-Duration of Travel
- Block 18 should reflect all “CLAIMED” reimbursable expenses
  - All expense over $75 must have a receipts

TRAVELER RESPONSIBLITIES

20.a. CLAIMANT SIGNATURE	b. DATE	c. SUPERVISOR SIGNATURE	d. DATE

29. REMARKS

a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:

b. ALL UNUSED TICKETS *(including identification of unused "e-tickets")* MUST BE TURNED IN TO THE T/O OR CTO.

- Block 20a- Must be signed by the traveler
- Block 20c- Must be signed by the unit representative or the travelers supervisor
- Block 29b- If the traveler received tickets for travel not performed, those tickets must be turned in, or the TMO/CTO must be notified
  - An endorsement must accompany the PCS travel claim